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MSD



O08: How is HIV healthcare experienced in prison?

An exploration of patients' and professionals' experiences and opinions

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Conflict of Interest

I have participated in a Nurse Advisory Group and have received honorarium from ViiV

I was a recipient of 2019 NHIVNA Research Fellowship

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Background

“People living with HIV should be at the centre of their own care, with the ability to have meaningful involvement in the development and delivery of services”

British HIV Association (BHIVA) Standards of care for people living with HIV (2018)

Aim

Exploratory study to better understanding the first-hand experiences of HIV healthcare in prison from people living with HIV and from healthcare professionals.

Primary question: how is HIV healthcare experienced in prison?

- a. What obstacles to HIV healthcare care in prison exist?
- b. Are there any benefits to receiving care in prison?
- c. What might improve care?

Recommendations for best practice for HIV healthcare in prison.

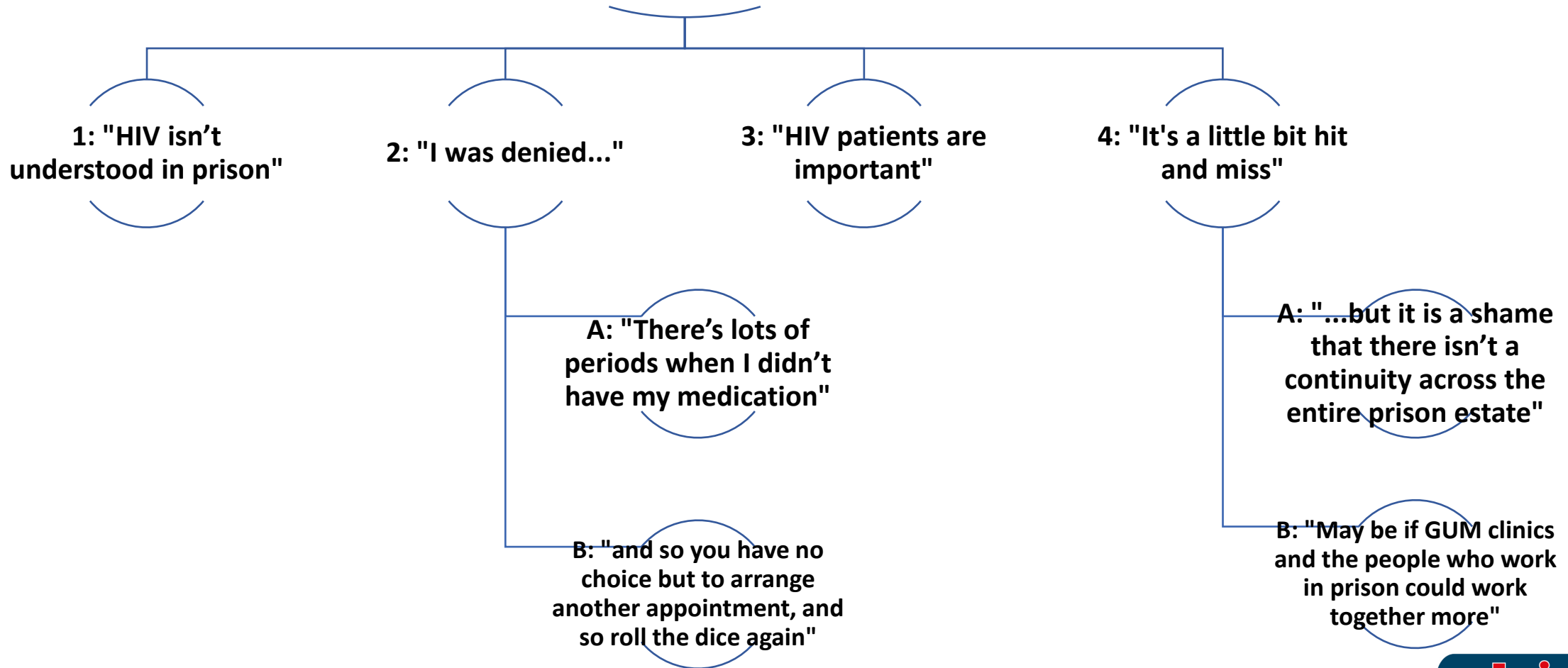
Methodology

- Constructivist/Interpretivist
 - Reality is constructed through social interactions
 - Emphasises subjective experiences
 - Focuses on understanding the meaning of human experiences
 - Values the context-specific and nuanced nature of human behaviour
- Qualitative study – “Big Q”
- Reflexive Thematic Analysis (rTA)
 - Braun and Clarke (2006 and 2019)
- Interviews
 - One-to-one
 - Remote: telephone, video
- PPI Group
- Co-production
 - Wider determinants of health and Health inequalities (what/who)
 - Syndemic theory (Singer et al, 2017)

Participants

Participant Code	Participant type	Patient pseudonym	Location	Type of interview
HP01	Patient	Ronnie	Community	Video
HP02	RN - Sexual Health	-	Prison	Video
HP03	RN - HIV	-	Community	Video
HP04	Doctor - HIV	-	Community	Video
HP05	Doctor - GP	-	Prison	Video
HP06	Doctor - HIV	-	Community	Video
HP07	Patient	Mike	Community	Video
HP08	Doctor - HIV	-	Community	Video
HP09	Doctor - HIV	-	Community	Video
HP10	Doctor - HIV	-	Community	Telephone
HP11	Doctor - HIV	-	Community	Video
HP12	Doctor - HIV	-	Community	Video
HP20	Patient	Kenny	Prison	(Letter)

Themes and Sub-themes



1: "HIV isn't understood in prison"

"It's not very nice. As soon as they find out about your HIV, you might get shipped out of that one, because you'll get beat up, your cell will get ransacked and you'll lose all your possessions, everything." (Mike, patient, HP07)

"This random changing caused stress and physical side effects as I have taken my medication with breakfast since I was prescribed it in 2012 a year after my diagnosis" (Kenny, patient, HP20).

"...there is a lot of stigma around HIV and sexual health generally. So people are not openly discussing their diagnosis and not openly engaging with the service" (Prison RN, HP02).

2: "I was denied..."

Access to ART

"The consultant I was communicating with, said 'the patient couldn't be brought when he was meant to come so I can't prescribe antiretroviral therapy,' which seemed ludicrous to me for a long-term medicine"

(HP03, HIV nurse).

Appointments

"Sometimes they'll say 'not in cell' or they'll be in court so there's those things and you're only there once a week that's a problem. And they'll go up and they might say "not in cell" or whereas actually it's just rubbish, they were just, they were so that does happen".

(HP11, HIV doctor)

3: "HIV patients are important"

“To me actually it’s the opposite, where you can do so much good in that job...an area where actually you can have such a massive impact on people’s lives and try and really inspire people to work in this area of medicine in prison” (HP10, HIV doctor)

“Psychological and peer support, or at least the opportunity to access it...And you're not offering everything that you've got, cause you actually don't have it to offer...whereas where I am now [outside prison] we've got social workers, psychology support, peer group support and everything. So yeah, there's an inequality.” (HP09, HIV doctor)

4: "It's a little bit hit and miss"

Continuity of care

“Continuity of care is just shocking isn't it because it's such a fluid population”

(HP09, HIV doctor)

Joined-up working

“...if I try and booked an appointment at their own clinic, I don't actually know when to book it for...and they'll go ‘can you tell me what day they're leaving, and then give me their address and telephone number?’, and I’m like ‘no I can’t’...they might think I’m being difficult, I think. But I’m not [laughs]”

(HP12, HIV doctor)

Recommendations

- An inclusive position – Inclusion Health principles
- Inclusion of experts by experience
- Access to peer support
- Joined-up working (memorandum of understanding and standard operating procedures)
- Agreed referral pathways
- Robust prescription procedures
- Core HIV clinical dataset

NHS HIV teams

- Patient-held records and digital health records
- Designated HIV team contacts

Prison services

- Designated prison healthcare team contacts
- Health promotion and education to address stigma and challenge stigmatising behaviours

Commissioners

- Multidisciplinary and collaborative care
- Co-commissioning opportunities

Any Questions?

Ask me anything!

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